U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
	or Official Use Only OOLES 120015
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number u - 7888	2. Fiscal Year Covered From:			
	01 / 01 / 04 Through: 12 / 31 / 04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name THOMAS GESUALDI	Name LOCAL 28Z 1.B.T.			
	Labor Organization File Number 009 - 185			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street C/O LOCAL 282 1.8.T. 2500 MARCUS AVE	Street 2500 MARCUS AVE			
City LAKE SUCCESS	City LAVE SUCCESS			
State N.Y. ZIP Code + 4 11042	State N.Y. ZIP Code + 4 11042			
5. Position in labor organization. SECRETALY TREASURER				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of				
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Nation				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
1	ı			
Signed Thomas Denical	on 8/06/05 718 343-3322			
Signed <u>Thomas Desuelda</u>	On 8/06/05 718 343 - 3322 Date Telephone Number			

THE CONTRACTOR OF THE CONTRACT	me of Person Filing THOMAS GESUALDI				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name COHEN, VEISS AND SINON LLP.	\$2				
Trade Name, if any:	a Labor Organization b Trust c Employer				
P.O. Box, Bidg., Room No., if any 25 TH FLOOR					
Street 330 WEST 42 NO ST.					
City NEW YORK 1					
State N.Y. ZIP Code +4 1003 C					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.			
Name LOCAL 282 BENEFIT TRUST FUNDS	LEGAL REPRE	esentation			
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any		(8) 657,625.00			
Street 2500 MARCUS AVE	11.b. Approximate dollar valu				
City LAKE Success	12.a. Nature of interest held or income received. MEALS ASSOCIATED WITH MEETINGS 2/24/04, 4/24/04 AND 12/7/04				
State N.Y ZIP Code + 4 110 42					
	2/24/०५, भीट५/०५	AND 121 1104			
	2/24/04, 4/24/04 12.b. Amount.	118.00			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	12.b. Amount.				
	12.b. Amount.				
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. r parts A and B above) or other thing of value.				
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Name of Person Plans (HOMAS GESUALD)	, rie	Number 0-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name J F W SELIGMAN & CO Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 100 PARK AVE City NEW YORK	a. Labor Organization b. Trust c. Employer				
State N.Y. ZIP Code + 4 10017					
10. If 9.b. or 9.c. is checked give trust or employer's name. Name LOCAL 282 PENSION TRUST FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. MANAGES PENSION INVESTMENTS				
Street 2500 MARCUS AVE.	11.b. Approximate dollar value of s	such dealing 350,000 . 50			
City LAKE SUCCESS	12.a. Nature of interest held or i	ncome received.			
State N.Y ZIP Code + 4 11042	12.a. Nature of interest held or 11 MEALS ASSOCIATED 1 Z/21/04 , 3/29/04	VITH MEETINGS			
	MEALS ASSOCIATED) 2/21/04 , 3/29/04	VITH MEETINGS AND STICLOY			
	MEALS ASSOCIATER) 2/21/04 , 3/29/04 12.b. Amount. er parts A and B above) or other thing of value.	VITH MEETINGS			
State N.Y ZIP Code + 4 110 42 C. Received from any employer (other than an employer covered under	MEALS ASSOCIATER) 2/21/04 , 3/29/04 12.b. Amount.	VITH MEETINGS AND STICLOY			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	MEALS ASSOCIATER) 2/21/04 , 3/29/04 12.b. Amount. er parts A and B above) or other thing of value.	VITH MEETINGS AND STICLOY			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	MEALS ASSOCIATER) 2/21/04 , 3/29/04 12.b. Amount. er parts A and B above) or other thing of value.	VITH MEETINGS AND STICLOY			
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Name of Person Filling THOPIAS GESUALDI	File Number 9-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name MACKEY SHIELDS	yerr	The state of the s			
Trade Name, if any:	a. Labor Organization b. Trust c. Employer				
P.O. Box, Bldg., Room No., if any					
Street 9 WEST 57TM ST					
City NEW YORK					
State N.Y ZIP Code + 4 10019		Track et al.			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	37 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Name LOCAL 282 WELFARE TRUST FUND	MANAGES WELFARE FUND INVESTMENTS				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street 2500 MARCUS AVE	11.b. Approximate dollar value of such dealing.	110,000,00			
City LAKE SUCCESS	12.a. Nature of interest held or income received.				
	12.a. Nature of interest held or income received.				
State N.Y. ZIP Code + 4 11042	12.a. Nature of interest held or income received. MEALS ASSOCIATED WITH MEETIN 2/22/04	52			
State N.Y. ZiP Code + 4 11042	MEALS ASSOCIATED WITH MEETIN	6 .5			
State N.Y. ZIP Code + 4 11042	MEALS ASSOCIATED WITH MEETIN	Affeox 50.00			
State N.Y. ZIP Code + 4 110 42 C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	MEALS ASSOCIATED WITH MEETIN 2/22/04 12.b. Amount.				
State N.Y. ZiP Code + 4 11042 C. Received from any employer (other than an employer covered under	MEALS ASSOCIATED WITH MEETIN 2/22/04 12.b. Amount.				
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	MEALS ASSOCIATED WITH MEETIN 2/22/04 12.b. Amount. er parts A and B above) or other thing of value				
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	MEALS ASSOCIATED WITH MEETIN 2/22/04 12.b. Amount. er parts A and B above) or other thing of value				
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ame of Person Filing THOMAS GESUALDS		File Number U-		
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8. Name and address of Business (including trade name, if any). Name UBS FINANCIAL Trade Name, if any: P.O. Box, Bldg, Room No., if any Street 333 EARL OYINGTON BLVD City MITCHELL FIELD State N.Y. ZIP Code +4 11553	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Local 282 ANNUITY TRUST FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any	MANAGES ANNUITY INVESTMENTS			
Street 2500 MARCUS AVE	11.b. Approximate dollar value of such dea	aling. 100,000 co		
City LAKE SUCCESS	12.a. Nature of interest held or income received. MEALS ASSOCIATED WITH MEETINGS 2/23/04			
State N.Y. ZIP Code + 4)1042				
	12.b. Amount.	APPROX 50.00		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P O Box, Bldg., Room No., if any Street City	r parts A and B above)			
State ZIP Code + 4	:			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			